

Clark County Regional Support Network Policy Statement

Policy No.: CM16
Policy Title: Coordination of Care with Primary Care Physicians and Other Health Care Providers
Effective Date: November 17, 2005

Policy: Clark County Regional Support Network (CCRSN) is committed to ensuring that timely and appropriate flow of coordination of care occurs between CCRSN mental health care providers and primary care physicians and other health care providers to facilitate an enhancement of the quality of care received by RSN funded individuals. CCRSN recognizes that complex needs may occur with RSN funded individuals and to achieve an effective plan of care coordination a plan among multiple providers must occur to support recovery and resilience for all individuals with mental illness.

Reference: Washington State Mental Health Division RSN Interlocal Agreement

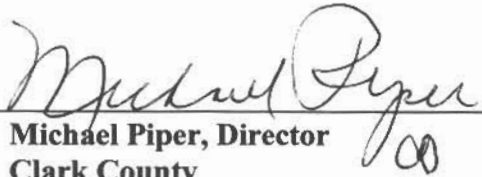
Procedure:

1. The CCRSN has established Memorandum of Understanding (MOUs) with allied partners necessary to ensure continuity of care for those consumers funded by the RSN. These MOUs specify the respective role and accountability of the CCRSN and the agency in question regarding their mutually shared enrollees.
2. The CCRSN providers will actively work with Primary Care Physicians to ensure appropriate linkages.
3. The CCRSN providers shall make referrals to PCPs and assist consumers in scheduling appointments as necessary.
4. The CCRSN providers during the intake will provide information to, and seek information from, PCPs when releases are secured from the consumer to coordinate medically necessary services facilitating as an example safer prescribing practices of medications.
5. The CCRSN shall provide consultation when requested to PCPs and document these activities in the clinical record.
6. The CCRSN shall attempt outreach to PCPs with appropriate signed releases during critical events that may occur with the shared enrollee including, but not limited to; initiation of care and services; initial prescription of psychotropic medications or changes in prescriptions related to psychotropics, hospital admissions, or changes in the consumers clinical condition that could potentially impact his or her medical care.

7. The CCRSN providers shall contact the consumer's primary care physician for children and adolescents to age 21
 - a) When consent is given for results of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) exam;
 - b) During the intake process.
8. The CCRSN providers shall be responsible for
 - a) Obtaining releases of information to determine if an EPSDT screening has been completed by the consumer's primary care physician;
 - b) Obtaining the results of the screening; and
 - c) Reviewing the findings, especially those that indicate the need for mental health services.
9. If an EPSDT screening has not been done, CCRSN providers shall refer the consumer/person responsible for the consumer to the primary care physician or other health care professional as appropriate. If the consumer does not have a primary care physician, the provider shall be referred to DSHS to request a primary care physician to conduct the EPSDT screening.
10. An EPSDT screening consists of four elements—health, dental, vision and hearing. These components need to be available in accordance with a routine schedule of physical exams sequenced as recommended by medical professionals. Screening components include:
 - a. A comprehensive health and development history, updated at each screening examination.
 - b. A comprehensive unclothed physical examination performed at each screening examination;
 - c. Vision and hearing tests (can be obtained separately);
 - d. Appropriate laboratory tests, including blood lead level testing;
 - e. Immunizations according to age and health status;
 - f. Maintaining records of the child's developmental process, significant physical findings, immunizations and any treatments or referrals.
 - g. All children over three years of age are to be referred to a dentist. Children under three may be referred if a problem is suspected.
 - h. Other necessary health care to correct or ameliorate defects and physical illness discovered during the screening is to be provided.
11. If a consumer has not had a physical exam by a primary care provider in the past year, CCRSN providers shall recommend that the consumer make an appointment with a primary care provider and document in the clinical record that the recommendation was made.
12. CCRSN providers shall document in the consumer's clinical record all communication (by telephone or in writing) with primary care physicians or other health care providers (i.e., physician assistants, nurses, physical and occupational therapists, dentists).
13. CCRSN shall monitor care coordination through on-site reviews to ensure that documentation of coordination activities is evident in consumers' clinical records and communication occurs within the scope of the release of information provided by the consumer. Specific evidence in the clinical record includes, but is not limited to:
 - a) Consumer-signed release of information documents to the primary care physician and other medical providers;

- b) A letter, completed EPSDT form, or other treatment notification form to the primary care physician
- c) If authorized, the documentation of the consumer's communication with the primary care physician, including when communication took place, general description of information shared, and method of communication;
- d) Documentation of the consumer's refusal to sign release of information forms;
- e) Documentation of coordination of care functions on the consumer's individual service plan.

Approved By: _____


Michael Piper, Director
Clark County
Department of Community Services

Date: _____

11-17-05